PRINTED: 05/07/2009 DEPARTMENT OF HEALTH AND FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C B. WING 290005 04/17/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH VISTA HOSPITAL NORTH LAS VEGAS, NV 89030 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) A 000 Complaint #NV21147 A 000 INITIAL COMMENTS Tag A385 Temporary and Permanent Corrective Action. This Statement of Deficiencies was generated as 1.) How the correction was accomplished, both a result of a Medicare Complaint Validation temporarily and permanently for each individual Survey conducted at your facility from 4/15/09 affected by the deficient practice, including any through 4/17/09. system changes that must be made. Failure to document nursing care The survey was conducted in accordance with 42 and assessments thoroughly and act on declining CFR Part 482 - Hospitals. status timely: The following language has been added as a revision to 6/18/09 the Plan for Provision of Patient Care and Services The findings and conclusions of any investigation (Policy Number: ADM:00:01): by the Health Division shall not be construed as prohibiting any criminal or civil investigations, Patients will receive the level of care that has been actions or other claims for relief that may be ordered by the physician (i.e., Med/Surg, Critical Care, available to any party under applicable federal, and/or Geropsych). In instances where a physician has written an order to transfer a critical care patient from a state, or local laws. lower level of care to a higher level of care, and the transferring unit has been notified of bed unavailability, The census on the first day of the survey was the following component of the patient over-flow plan will be implemented: Monitoring, assessments, interventions, 30 clinical records were reviewed. evaluation of care, and documentation will be consistent with the level of care ordered by The Condition of Participation was not met for the physician. CFR 482.23 Nursing Services. Documentation will be completed in HED (electronic medical record system), under the ICU Flowsheet, for those staff who have HED The following complaint was investigated and access, and/or by using the downtime forms found to be substantiated. available through Optio (electronic print-on demand forms system). Complaint #NV21147- substantiated (See Tags: Prior to transferring the patient to the temporary location, the Unit Secretary from A 0385, A 0395) the transferring unit will print the Downtime Assessment, Charting and Interventions Form The following regulatory deficiencies were and the Vital Sign Downtime Form as well as identified. the patient's current MAR. A 385 482.23 NURSING SERVICES A 385 The Code Purple (rapid response team) policy (Policy 6/17/09 Number: PCS:07:45) was reviewed and no changes were The hospital must have an organized nursing identified. The staff will be re-inserviced on the Code Purple policy and the criteria for initiating a Code Purple. service that provides 24-hour nursing services.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The nursing services must be furnished or

supervised by a registered nurse.

TITLE (X6) DATE (X7) DATE (X7) DATE

Documentation requirements for the Code Purple will be

Staff education will also be provided, related to the

revisions in the Plan for Provision of Patient Care and

Services policy, specifically related to the initiation of

emphasized during the inservice.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

By 7/12/09

DEPARTMENT OF HEALTH AND JUAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	A. BUILDING		NG	С		
	,	290005	B. WING		04/17/2009	
	PROVIDER OR SUPPLIER VISTA HOSPITAL			REET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE OPRIATE	(X5) COMPLETION DATE
A 395	Condition of Particip based on deficienci including: Failure to document assessments thorous status timely. Failure to transfer the setting. Failure to monitor the setting. Failure to treat as of timely manner. Refer to Tag A 395. Complaint # NV 211 482.23(b)(3) RN SU CARE A registered nurse of the nursing care for This STANDARD is Based on interviews failed to ensure according to the setting to the setting care according to the setting to the setting th	maintain compliance with the pation for Nursing Services es cited at Tag A 395 It nursing care and aghly and act on declining he patient to an appropriate he patient in an appropriate redered by the physician in a 47 PERVISION OF NURSING	A 385	b. Failure to transfer the patient to an appropriate setting: The following language has been added as a the Plan for Provision of Patient Care and Set (Policy Number: ADM:00:01): Patients will receive the level of care that has ordered by the physician (i.e., Med/Surg, Crit and/or Geropsych). In instances where a phy written an order to transfer a critical care pati lower level of care to a higher level of care, a transferring unit has been notified of bed unat the following component of the patient over-liwill be implemented: If there are no ICU beds available are more critical care patients need the Emergency Department may be hold the patient temporarily until a becomes available in the ICU. The be staffed with one ICU nurse for patients. A second nurse will be patient in the ICU Director and/or Nursing Supervisor will be notified need to implement the patient over lift the ED is at capacity and an ICI available, the PACU will be utilized secondary overflow area, staffed becare RNs (from ED, ICU, PACU, Nursing Supervisor). The Charge Nurse and/or the prime caring for the patient on the transfe will be responsible for notifying the of the bed unavailability in ICU at temporary location where the patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe will be responsible for notifying the first patient on the transfe	revision to ryices been tical Care, sician has ent from a and the vailability, flow plan and there ding beds, be used to a bed to be ED will 1-2 provided if ient rithe dof the r-flow plan. U bed is not ted as a by critical and/or the larry nurse erring unit the physician and the	5/18/09
; ; ; ;	sampled (#1). Findings include: Patient #1			transferred (i.e., ED or PACU). Staff education will also be provided, related revisions in the <u>Plan for Provision of Patient (Services</u> policy, specifically related to the init the over-flow plan and documentation require	Care and B	3y 7/12/09
	1/13/09 with diagnos history of Chronic Ol Pulmonary Embolish	year old male admitted on es to include Chest Pain, estructive Lung Disease, n, Congestive Heart Failure, and a history of Cardiac		c. Failure to monitor the patient in an appropriate setting: The following language has been added as a the Plan for Provision of Patient Care and Ser (Policy Number: ADM:00:01):	10413101110 **	/18/09

DEPARTMENT OF HEALTH AND WAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILE		IPLE CONSTRUCTION .	(X3) DATE SURVEY COMPLETED	
290005		B. WING		C	
	290005	1 ,		04/17/2009	
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL		1	REET ADDRESS, CITY, STATE, ZIP CODE 409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
Patient #1 was adm 12:28 PM by ambul pain. The Emergence documented Patient approximately 10 m #1 was admitted to 1/13/09, as observated (from a 23) admission status) to morning. The Nurse's Notes of indicated Patient #1 liters via nasal cannot receiving intravenous indicated he was dripatient was noted to stimuli. A Physician's Order documented a "Trar unit)." The order was	ge 2 atient #1 was noted to be nergency Room on admission. iitted to the ED on 1/13/09 at ance for a complaint of chest by Room Nurse's Notes t #1's chest pain subsided inutes after he arrived. Patient the 2nd floor with telemetry on tion at 9:00 PM and later was hr observation status to a full of full status on 1/14/09 in the on the morning of 1/14/09, was stable, on Oxygen at 2 ula, telemetry and was as fluids (IV). The notes inking fluids and eating. The obe responsive to verbal for Patient #1 dated 1/14/09, insfer ICU (intensive care is acknowledged at 6:43 PM. se's Notes for Patient #1	A 395	Patients will receive the level of care that ha ordered by the physician (i.e., Med/Surg, Cr and/or Geropsych). In instances where a phywritten an order to transfer a critical care patelower level of care to a higher level of care, transferring unit has been notified of bed unithe following component of the patient overwill be implemented: If there are no ICU beds available are more critical care patients need the Emergency Department may hold the patient temporarily until becomes available in the ICU. The staffed with one ICU nurse for patients. A second nurse will be there is a 3rd or 4th critical care patholding. The ICU Director and/or Nursing Supervisor will be notifineed to implement the patient over if the ED is at capacity and an IC available, the PACU will be utilities secondary overflow area, staffed care RNs (from ED, ICU, PACU Nursing Supervisor). The Emergency Department and PACU havelevel of monitoring capabilities (i.e., equipm ICU. The staff will be re-inserviced on the Code F and the criteria for initiating a Code Purple. Documentation requirements for the Code P emphasized during the inservice.	itical Care, ysician has tient from a and the availability, flow plan e and there eding beds, be used to a bed the ED will or 1 - 2 provided if attent or the ed of the er-flow plan. TU bed is not tized as a by critical and/or the ethe same ment) as the er-policy By 7/12/09	
documented the following documented the follow	Offered Patient more juice.		Staff education will also be provided, related revisions in the <u>Plan for Provision of Patient Services</u> policy, specifically related to the in the over-flow plan and documentation required.	Care and itiation of rements.	
gas) status from lab nurse. Dr. (name) or (immediate) ABG ar - 1840 (6:40 PM), "3 bicarb (bicarbonate) - 1845 (6:45 PM), "10	lotified of ABG (arterial blood (laboratory) Notified charge the floor, ordered stated transfer to ICU." amps(ampules) of Sodium pushed stat as ordered." CU nurse reported no beds pt. (patient) ABG to family,		d. Failure to treat as ordered by the physitimely manner: The following language has been added as a the Plan for Provision of Patient Care and Se (Policy Number: ADM:00:01): Patients will receive the level of care that has ordered by the physician (i.e., Med/Surg, Cri and/or Geropsych). In instances where a physician (i.e., Med/Surg).	revision to 1 6/18/09 crvices s been itical Care,	

DEPARTMENT OF HEALTH AND WAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING B. WING		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						C 04/17/2009	
 		290005				7/2009	
	VISTA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP COD 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030			
	CHAMADY CTA	TEMENT OF DEFICIENCIES	l 	PROVIDER'S PLAN OF CORE	RECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH CORRECTIVE ACTION S	HOULD BE	COMPLETION DATE	
	drawing blood pt. m (Registered Nurse) arms so blood can - 2000 (8:00 PM), " on BiPAP (Bi-level maintained iv (intra (doctor) order. Pt. of hob (head of bed) to - 2020 (8:20 PM), " access needed for - 2030 (8:30 PM), " maintained." - 2040 (8:40 PM), " with care. pt still tal BiPAP maintained." - 2050 (8:50 PM), " #2) still at bedside to condition family alre pt will be transferre available and charge it." - 2100 (9:00 PM), " lua (left upper arm) Saline) to the lua iv - 21:25 (9:25 PM), intact no redness. i still on the unit mad started is puffy." - 21:30 (9:30 PM), ' switch iv to Ifa (left	vas going to ICU." Lab (laboratory) at bedside loving arms, this rn at bedside helping to hold pt. be drawn." Pt. in mild respiratory distress Positive Airway Pressure) venous fluids) infusing per Md lrowsy but arouseable. Kept in bed. " cu charge m here to start iv antibiotic therapy." Pt. on NPO (nothing by mouth) family at bedside supportive ks voice slow and garbled icu (ICU) charge m (Employee alked to family about pt's eady aware from day shift that do icu as soon as bed is ern has talked to family about icu charge m started an iv to switch iv of ns (Normal site." I'cath (catheter) discontinued cu charge (Employee #2) m e aware that the iv he just	A 3	lower level of care to a higher level of care to a higher level of care to a higher level of care the following component of the patient of will be implemented: The Charge Nurse and/or the caring for the patient on the taring for the patient on the taring for the patient on the taring for the bed unavailability in the temporary location where the transferred (i.e., ED or PACUAL A Chain of Command for Resolution of been developed and approved to provide communicating information to a supervand/or physician, related to clinical issuchanges in the patients condition and/or the over-flow plan as defined in the Plan Patient Care and Services (see Policy NaDM:00:01). The Code Purple (rapid response team) Number: PCS:07:45) was reviewed and identified. The staff will be re-inservice Purple policy and the criteria for initiati Documentation requirements for the Coemphasized during the inservice. Staff education will also be provided, rerevisions in the Plan for Provision of Paservices policy, specifically related to the over-flow plan and documentation related to the over-flow plan and documentation of Command for Resolution of Issues prelated to the clinical chain of command the patient's condition or initiation of the Correction. The following will be responsible for the action:	primary nurse ransferring unit ing the physician CU and the patient has been i). Issues policy has a guideline for sor, director es such as the initiation of for Provision of imber: policy (Policy no changes were d on the Code ag a Code Purple de Purple will be lated to the tient Care and the initiation of equirements. the new Chain olicy, specifically for changes in e over-flow plan.	6/18/09 6/18/09 By 7/12/09	
	2130" - 2210 (10:10 PM), BiPAP maintained to back to dozed off o	" pt following commands ollowing commands but goes n and off." "First liter infused following		a. Chief Nursing Officer 3.) A description of the monitoring precurrences of the deficiency, the free monitoring and the individual(s) respinositoring. Immediate monitoring will commence transfers to a higher level of care from a	uency of the onsible for the with a review of		

DEPARTMENT OF HEALTH AND .MAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION IDENTIFIC		. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	290005 P	. WING		04/17	; 7/2009	
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL (X4) ID SUMMARY STATEMENT OF DE		14	EET ADDRESS, CITY, STATE, ZIP CODE 109 EAST LAKE MEAD BLVD ORTH LAS VEGAS, NV 89030 PROVIDER'S PLAN OF CORRECT	TION	(X5)	
PREFIX (EACH DEFICIENCY MUST BE PREC TAG REGULATORY OR LSC IDENTIFYING	CEDED BY FULL P	REFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE OPRIATE	COMPLETION DATE	
A 395 Continued From page 4 - 22:00 (10:00 PM) "Icu charge another iv access for antibiotics blood transfusion." - 2220 (10:20 PM), "pt. reposition maintained at 45 degrees pt has on his left side incontinent of undried ivf infusing well pt. denies (shortness of breath)." - 2240 (10:40 PM), "pt dozing of awaken breathing slightly labore maintained." - 2300 (11:00 PM), "ivf and vand to 2 different sites to left leg site remains drowsy but arouseable (times) 3 lung sounds diminished a 2335 (11:35 PM), "this rn at be pt's condition and at the same to (Employee #2) at bedside states him up for hr (heart rate) of 30. still has minimal shallow breath blue (cardiopulmonary resuscitated the content was 95/43 at 8:41 PM with 106. There were no other reconduction the Code Blue at 11:35 PM was given 1 amp (ampule) of E recorded blood pressure at 11:4113/38. On 1/15/09 at 12:02 AM, the Nu indicated Patient #1 was pronouphysician. During an interview on 4/17/09, indicated on 1/14/09, she was gon Patient #1 because the nurs	and eventually oned in bed hob is tendency to stay ine pt cleaned and chest pain or sob in and off easily ad BiPAP comycin infusing as clear. Pt side rails Up x ad." dside checking on ime, icu charge rn is telemetry called pt non responsive ing no pulse code ation) called." indicated at 8:44 a was 110/52 with bood pressure the a heart rate of ded vital signs I when the patient pinephrine. The 40 PM was urse's Notes unced by the ED Employee #1 given a late report		Surgical and/or Geropsych clinical unit. This will include a review to ensure the patient wa appropriate higher level of care monitoring a documentation as defined by the critical care Immediate and ongoing monitoring of Risk Mand patient complaint reports to ensure that command and Code Purple is initiated in acc with established policies, including the Plan Provision of Patient Care and Services. This monitoring activity will be reported to t Quality Council, Medical Executive Commit Governing Board, not less than quarterly. 4.) The date when the immediate corrected deficiency will be accomplished. Normally no more than thirty (30) days from the day conference. The Plan for the Provision of Patient Care are was revised and approved by hospital leaders 18, 2009. The revised plan will be presented Medical Executive Committee for approval 2009 and then to the Board on July 10, 2009. The Chain of Command for Resolution of Is was approved by hospital leadership on June The policy will be presented to the Medical Committee for approval on July 8, 2009 and Board on July 10, 2009. The monitoring of the transfers from a lower care to a higher level of care will commence 2009.	Management chain of ordance for the Hospital tiee, and the te of the exit of t	6/18/09 7/8/09 7/10/09 6/18/09 7/8/09 6/19/09	

Facility ID: NVS649HOS

DEPARTMENT OF HEALTH AND H. JAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED:	05/07/2009
FORM A	APPROVED
OMB NO	0038_0301

CLIVIC	V2 LOV MEDICAVE	A MEDICAID SERVICES			OIND IAC	7. 0900-009 1
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE : COMPL	LETED
		290005	B. WII	NG	04/	C 17/2009
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 8903	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	Employee #1 indicathe patient at 7:45 F day shift nurse told his condition including Employee #1 indicated there were previous day. Employee to be transferred to available and she into the family and extransferred to available. Employee #1 indicated Employee to be transferred to available and she into the family and extransferred to ICU at available. Employee #1 indicated Employee #1 indicated Employee #1 indicated Employee to be transferred to ICU at available. Employee #1 indicated Employee #1 in	till working on Patient #1. Ited she received report about PM. Employee #1 indicated the her Patient #1 had changes in ing labored breathing. Ited she had assessed him as a change from the oyee #1 indicated, she had nician draw blood because restless. She indicated the stick" (difficulty drawing ited Employee #2 arrived on PM and tried to re-start an IV patient already had an IV, an wanted another line for a lat was ordered. Employee #1 #2 was aware the patient was the ICU when a bed became dicated Employee #2 spoke plained the patient would be soon as a bed became ited, Employee #1 indicated the originate if Patient #1 could be onesferred to ICU and the ED indicated Employee #2 or at least 2 hours and had to tient #1 several times before sites in the patient's left leg.	A:	Complaint #NV21147 Tag A395 Temporary and Permanently Corr 1.) How the correction was accomptemporarily and permanently for eaffected by the deficient practice, is system changes that must be made Failure to ensure accurate docume supervision and evaluation for 1 of sampled: The following has been added as a refor Provision of Patient Care and Ser Number: ADM:00:01): Patients will receive the level of care ordered by the physician (i.e., Med/S and/or Geropsych). In instances whe written an order to transfer a critical lower level of care to a higher level of transferring unit has been notified of the following component of the patie will be implemented: • Monitoring, assessments, evaluation of care, and do consistent with the level of the physician. • Documentation will be concepted for the following component of the patient with the level of the physician. • Documentation will be concepted for the following component of the patient with the level of the physician. • Documentation will be concepted for those access, and/or by using the available through Optio (of demand forms system). • Prior to transferring the patient for those access, and the Vital Sign Downtifut the patient's current MAR. The Code Purple (rapid response tear Number: PCS:07:45) was reviewed a identified. The staff will be re-inserved under the criteria for initial Documentation requirements for the components of the components of the criteria for initial pocuments of the criteria for initial pocuments for the components of the criteria for initial pocuments of the criteria for initial pocuments for the components of the criteria for initial pocuments for the criteria for initial pocument	cective Action. Isished, both ach individual including any is intation for the 30 patients evision to the Plan vices (Policy that has been urg, Critical Care, are a physician has care patient from a frare, and the bed unavailability, int over-flow plan interventions, cumentation will be frare ordered by impleted in HED asystem), under the staff who have HED e downtime forms electronic print-on attent to the init Secretary from wint the Downtime Interventions Form as well as in policy (Policy and no changes were iced on the Code lating a Code Purple.	6/18/09
	call from telemetry a	t 11:35 PM that Patient #1's d that Employee #2 called a		emphasized during the inservice.		

DEPARTMENT OF HEALTH AND JUVAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'''	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		С	
		290005	B. WING			17/2009
	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 395	#1's vital signs on 1 indicated she was s forgotten to docume pressure and heart Employee #1 indicated antibiotics and fluids started in his leg. Employee #2 was in patient's physician, Emergency Room in for Patient #1. Employee was ordered and documented all of the Director of Clinical \$4/17/09, indicated the (Employee #2) did at the property of	ated she monitored Patient 1/14/09 every half hour and so busy she must have ent the patient's blood rate in the Nurse's Notes. ated Patient #1 received his is through the IV Employee #2 imployee #1 indicated, in communication with the the ICU nurses and the in order to expedite a transfer ployee #1 indicated the patient as able to receive the blood and indicated she should have his information. The Director of Quality and the Services for the 2nd floor on hat the ICU RN Charge Nurse a lot of work on the patient and the documented it in the chart.	A 39	Staff education will also be provided, relate revisions in the Plan for Provision of Patien Services policy, specifically related to the in the over-flow plan and documentation requitable. 2.) The title of position of the person respectorection. The following will be responsible for the conction: a. Chief Nursing Officer 3.) A description of the monitoring proceder recurrences of the deficiency, the frequent monitoring and the individual(s) responsion monitoring. Immediate monitoring will commence with transfers to a higher level of care from a Me Surgical and/or Geropsych clinical unit. This will include a review to ensure the patient will entitle and ongoing monitoring of Risk and patient complaint reports to ensure that command and Code Purple is initiated in activity established policies, including the Plan Provision of Patient Care and Services. This monitoring activity will be reported to Quality Council, Medical Executive Commit Governing Board, not less than quarterly. 4.) The date when the immediate correct deficiency will be accomplished. Normall no more than thirty (30) days from the deconference. The Plan for the Provision of Patient Care as was revised and approved by hospital leader 18, 2009. The revised plan will be presente Medical Executive Committee for approval 2009 and then to the Board on July 10, 2009. The monitoring of the transfers from a lower care to a higher level of care will commence 2009.	ss to prevent to your of the ible for the Hospital ittee, and ittee, and ittee, and ittee, and services in for the ible of the ible for the a review of edical, is monitoring was receiving and re unit. Management chain of cordance in for the Hospital ittee, and ittee, and ittee, and ittee, and ittee of the exit ittee on June, do to the on June, do to the on June, do to the level of	6/18/09 7/8/09 7/10/09